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o If the answer is "No" state the date	e of your last employment, the amount of your take-home salary or wages
and pay period and the name and add	
Steve Morrague Markas	noë: San Albigo Ca Sept. 12 approx.
44. & aday Colder	ATHS Nieybbor heal.
in the past twelve months have you re	received any money from any of the following sources?:
a. Business, profession or other self-	
b. Rent payments, royalties interest of	
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e. Gifts or inheritances	er welfare Tyes DNO prisonilidigent supplies TYes DNO two of dollars I. 8.
f. Spousal or child support	Tyes PNO explain arion on Trost
g. Any other sources	
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If the answer to any of the above is "	'Yes" describe each source and state the amount received and what you
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Case 3:08-cv-01448-J-CAB Document 2 Filed 08/07/2008 Page 3	
7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable	property?
PYes □ No	•
If "Yes" describe the property and state its value (5) Five acres Mostrie County	FILIDERS
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8. List the persons who are dependent on you for support, state your relationship to each person and i	
much you contribute to their support. Children pressmul - Fasher J. Daniel	Hinas
Senter Claren - 2 Brother HIVA W dso-diagnosis Co Duniel h	mics,
	Sa.
9. List any other debts (current obligations, indicating amounts owed and to whom they are payable):	Childies
Marsher Hur. Kimberlecke. Jasmine Ooveberry U. Michello C	
provide Not : printerice : Cosmin Congress Cosmin	
10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government b	onds, stocks,
savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held i	
else's name]) Jorges Lyring Brick buse of # 500 Lovie Mo. 600 Impour	( )
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* Keith Urban @. 1485 1 200 4. Kur Kalin @- dirio 5	
Forenorise of prost of theory, and evidence of eye wir	spatus.
12. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of	income
anywhere on this form, you must explain the sources of funds for your day-to-day expenses.	_
as Indiger Weller I S. tusses. 2 ppose 10.00 a	
w/ am Legal orpollo and for Medical assistance	w
hygine I tems - 50 up a shampon toshpare.	<del></del>
I declare under penalty of perjury that the above information is true and correct and understan	nd that a
false statement herein may result in the dismissal of my claims.	
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June / Ged 2000 More 2 you 0' shing	
SIGNATURE OF APPLICANT	
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	,

Case 3:08-cv-01448-J-CAB Document 2 Filed 08/07/2008 Page 4 of 12 If you are a prisoner you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

## PRISON CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant Olime	20 Lynn O'	41nes 197067	
Laso	(NAME OF INMATE)		FILL
I certify that the applicant <u>Sume</u> Laso  Malloy - 19736	7	K86489	- Jackson
	(INMATE'S CDC NUMBER	<b>3)</b>	
has the sum of \$	on account to h	is/her credit at Smot	1.
Plure Some gr	rusi Eyn	un Complese	· · · · · · · · · · · · · · · · · · ·
	(Name of Institution)		•
I further certify that the applicant has t	he following securities	as STATOO.	
to his/her credit according to the record			
the past six months the applicant's av	erage monthly balance	was \$ 6 - 32 p	
and the average monthly deposits to the	•		
	t +		
ALL PRISONERS MUST AT			
		R THE SIX-MONTH PER	<del></del>
IMMEDIATELY PRECEDING THE	FILING OF THE COM	<u>PLAINT PER 28 U.S.C.</u>	§ 1915(a)(2).
			•
06/11/08 DATE		ond	
DATE	SIGNAT	TURE OF AUTHORIZED OFFICER OF	Institution
		/ /	
•		bad	•
		OFFICER'S FULL NAME (PRINT	ED)
	Ans	R	
		OFFICER'S TITLE/RANK	

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## TRUST ACCOUNT WITHDRAWAL AUTHORIZATION (Incarcerated applicants only)

(This form MUST be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

(Name of Prisoner/CDC No.)

Name of Prisoner/CDC No.) custody to prepare for the Clerk of the United States District Court for the Southern District of California, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which I am obligated is either \$\Phi\$350 (civil complaint) or \$\Phi\$5 (habeas corpus petition) (check one). I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred.

Case 3:08-cy-01448-J-CAB Document 2 Filed 08/07/2008

## ARIZONA DEPARTMENT OF CORRECTIONS

Inmate Letter

Requests are limited to <u>one page</u> and <u>one issue NO ATTACHMENTS PERMITTED</u>. Please print all information.

Page 6 of 12

Inmate Name (Last, First M.I.)	ADC Number	Institution/Unit	Date
Hinds James (2)	197067	Florence Gran B	10 way 7/28/08
To: Padi la Inmare Barkeny	_ M	) 4, 5	
State briefly but completely the problem on which you	u desire assistance. Provide as	many details as possible.	
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Inmate Signature Comme Lynn	Win D	Date 7/27	1/02
Have You Discussed This With Institution Staff?	Yes No		
If yes, give the staff member's name:	to the Book . I	told me to only	7 av-
Distribution: White - Master Record File Canary - Inmate			916-1 4/15/04

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Arizona Department Of Corrections

From: 20080701

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For : HINES, JAMES L.

BK03 0 197067 20080128

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ADC#: 197067 -

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DOCPCICS-C Inmate Bank Account ADC#: 197067 -

Loc: A21 ASPC-E BROWNING UNIT To: For : HINES, JAMES L.

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Inmate Bank Account

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ADC#: 197067 - Inmate Bank Account From: 20080701

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Arizona Department Of Corrections From: 20080701 DOCPCICS-C DISP

Inmate Bank Account Loc: A21 ASPC-E BROWNING UNIT To: ADC#: 197067 -For : HINES, JAMES L.

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Inmate Bank Account Arizona Department Of Corrections

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